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Bib Data Sheet

CONFIRMATION NO. 8825

<b>SERIAL NUMBER</b> 10/076,071	<b>FILING OR 371(c) DATE</b> 02/13/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 4172-3-2
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**APPLICANTS**  
 David Bar-Or, Englewood, CO;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/678,202 09/29/2000 ABN  
 and claims benefit of 60/283,507 04/11/2001  
 and claims benefit of 60/281,648 04/04/2001  
 and claims benefit of 60/509,045 03/22/2001  
 and said 09/678,202 09/29/2000  
 claims benefit of 60/157,404 10/01/1999  
 and claims benefit of 60/211,078 06/13/2000  
 This application 10/076,071  
 claims benefit of 60/268,558 02/13/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/13/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verific and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 78	<b>INDEPENDENT CLAIMS</b> 22
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**ADDRESS**  
22442

**TITLE**  
METAL-BINDING COMPOUNDS AND USES THEREFOR

<b>FILING FEE RECEIVED</b> 2151	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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